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CONFIRMATION NO. 6567

<b>SERIAL NUMBER</b> 10/644,500	<b>FILING OR 371(c) DATE</b> 08/20/2003 <b>RULE</b>	<b>CLASS</b> 568	<b>GROUP ART UNIT</b> 1621	<b>ATTORNEY DOCKET NO.</b> INH1001USC3
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**APPLICANTS**

Ross C. Terrell, Phillipsburg, NJ;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/193,786 07/11/2002 ABN which is a CON of 09/337,019 06/21/1999 ABN which is a CON of 08/912,520 08/18/1997 PAT 5,969,193 *BOB*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\****none BOB***IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*****\*\* 09/16/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 0	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>BOB</i>				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

**ADDRESS**

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**TITLE**

Method for the preparation of sevoflurane

<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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